Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

37 CFR 3 73(b)

Title

| I hereby | appoint: | | | 10-11-1 | | | |
|--|--------------------------------|--|--|---|-------------------------------------|--------------|--|
| X Practitioners associated with the Customer Number: | | | 05736 | 0 | | | |
| OR L | | | | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | | |
| | Name | | Registration Na Number Na | | larne Registration Number | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| as attorney(e) or agent(s) to represent the undersigned before the United States Patient and Trademark Office (USPTO) in connection with any and all patient applications assigned up, to the undersigned according to the USPTO assignment records or assignment documents statehed to this form in accordance with 37 CPR 3.73(b). | | | | | | | |
| Please cha | ange the corres | pondence address for the applicat | tion identified in the a | ttached statement unde | r 37 CFR 3.73(b) to: | | |
| The address associated with Customer Number: 057360 | | | | | | | |
| Fire | n or ividual Name | | | | | | |
| Address | Muuai Naille | | | | | | |
| City | City | | State | | Zin | Zip | |
| | | | | | | | |
| Country | | | | | | | |
| Telephone | | | Email | 200 | | | |
| Assignee Name and Address: | | | | | | | |
| Abbott Laboratories Vascular Enterprises, Ltd. | | | | | | | |
| Arthur Cox Building | | | | | | | |
| Earlsfort Terrace Dublin 2, Ireland, Europe | | | | | | | |
| | | ogether with a statement un | dor 37 CED 3 73() | VEOR PTO/SR/96 | or equivalent) is re | quired to be | |
| filed in ea | ach applicati titioners app | on in which this form is use binted in this form if the app application in which this Po | d. The statement ointed practitions | under 37 CFR 3.73(i er is authorized to ac | b) may be complet | ed by one of | |
| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | |
| Signature | ure 2/4/4/4/4/ | | | Da | Date 4-3-08 | | |
| Name | Kelly J. Mo | Crystle | | Те | elephone (650) 245 | - 4138 | |

Senior Counsel, Patents & Trademarks OSITIOT COURSE, Paternis & I INDUSTRIANS

This collection of Information is required by 37 CPR 131, 122 and 133. The information is required to obtain or retein to beset if by the USP to proceed by